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APPLICANT(S): BEN-OREN, Ilan EXAMINER: NASSER, Robert L.
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FOR: MANAGEMENT OF GASTRO-INTESTINAL DISORDERS

Mailstop M Correspondence
Commissioner for Patents
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**POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS
NOTIFICATION**

Sir:

Enclosed please find an executed Power of Attorney and Change of Address Notification for filing in the above referenced patent application. Both the Power of Attorney and Change of Address Notification have been signed by the Assignee of the above referenced patent application.

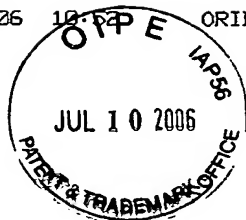
No fee is deemed necessary in connection with this Communication. If, however, any fee is necessary, Applicants hereby authorize the Receiving Office to charge any fee or deficiency in connection with the above-identified Application to Deposit Account No. 50-3400.

Respectfully submitted,

Vladimir Sherman
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Dated: June 28, 2006

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**POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS NOTIFICATION**

I, the undersigned, am the Assignee of Record for each of the patents and/or patent applications listed in Appendix A (attached hereto), and hereby revoke all previous powers of attorney given in all of the patents and patent applications listed in Appendix A.

I, the undersigned, hereby appoint as my attorney and agent:

Vladimir Sherman (Attorney, Registration No. 43,116)

with full power of attorney, substitution and revocation to prosecute all of the patents and patent applications listed in Appendix A and to transact all business in the Patent and Trademark Office connected with respect to all of the patents and patent applications listed in Appendix A.

Please address all correspondence regarding all of the patents and patent applications listed in Appendix A to:

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Assignee: ORIDION MEDICAL LTD.

By:

Walter Tabachnik / Yacov Bubs

Title:

CFO

Signature:

[Signature]

Date:

26.06.06

COO
Oridion Medical Ltd.

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APPENDIX A

1. US Patent Number 5,962,335
2. US Patent Number 5,944,670
3. US Patent Number 6,067,989
4. US Patent Application Number 10/519,723